

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

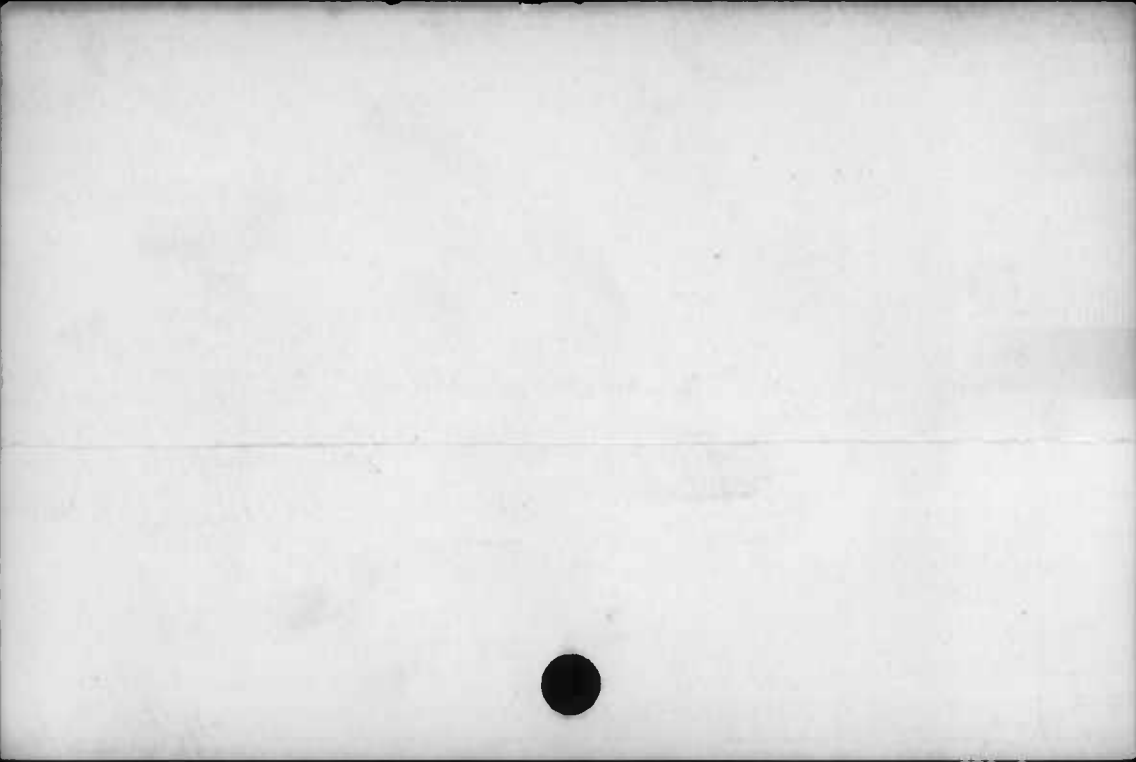
Died at <i>Old Town</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	<i>Dec.</i> ^{Month}	<i>7</i> ^{Day}	<i>20</i> ^{Years}	<i>5-</i> ^{Months}	<i>5-</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Green Ridge Md</i>			
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Green Ridge - Md</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>				
Father's Name <i>James A. Alley</i>	Father's Birthplace <i>Allegheny Co Md</i>				
Mother's Maiden Name <i>Margaret E. Shryock</i>	Mother's Birthplace <i>Allegheny Co Md</i>				
Name of person giving information <i>Dr. H. H. S. S. S.</i>	How related to deceased <i>Brother-in-law</i>				

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Double Pneumonia</i>	How long <i>Twenty days</i>
Immediate <i>Heart Failure</i>	How long <i>5 Hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. H. H. S. S. S.</i>
	Address <i>Old Town Md</i>
Accident or Suicide? <i>None</i>	



Name
in
Full

Mary Becker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Years	Months	Days
1908		Dec.	25	Age 59	6	—
Sex	Female	Color or Race	White.	Birth-place	Germany.	
Occupation	None			Where Reading if not at place of death		
Married, Single or Widowed	Widow.	Name of Wife or Husband	Geo Becker			
Father's Name	Andrew Stitches.			Father's Birthplace	Germany.	
Mother's Maiden Name	Dora Know			Mother's Birthplace	D. K.	
Name of person giving Information	Louis. Becker			How related to deceased	Son.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cerebral Hemorrhage.	How long	two days
Immediate	Coma	How long	two days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. W. Hochstetman
yes.		Address	Foghtman
Stein			
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Elizabeth Bopp* Town *Wear Creek* County *Alleg.* MARYLAND

Died at *Wear Creek*

Date of death 190 *8* Month *Dec* Day *12* Age *78* Years Months Days

Sex *Female* Color or Race *White.* Birth-place *Germany*

Occupation *None* Where Residing if not at place of death *—*

Married, Single or Widowed *Widowed* Name of Wife or Husband

Father's Name *Do not know* Father's Birthplace *Do not know*

Mother's Maiden Name *Do not know* Mother's Birthplace *Do not know*

Name of person giving Information *John A Bopp* How related to deceased *Son.*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *0 Demia of Senility* How long

Immediate *4 hours* How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Thos. H. Evans* Address *Wear Creek, W. Va.*

Accident or Suicide *Stomach*

¹ ~~per 2~~
2 Casson Family

3 Mrs Hoeneke

4 J. J. Casson 2 Daughters
~~was Anne Mrs Pitt~~

~~was 2 daughters & 2 Daughters~~

Mrs Blomsky

5 Mr Brookbank
Pitts daughter

6

→ Brookbank.

Full

TO BE ANSWERED BY
NEAREST FRIEND

Dennis Stanislaus Boyle

CERTIFICATE OF DEATH

Died at <i>Eckhart</i> Town		<i>Alley</i> County		MARYLAND	
Date of death	1908	Month	Dec	Day	9
Age	Years		Months		Days
Sex		Color or Race		Birth-place	
M		white		Eckhart Md	
Occupation			Where Residing if not at place of death		
Married Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Dennis Boyle			Md		
Mother's Maiden Name			Mother's Birthplace		
Bernedetta Moore			Md		
Name of person giving information			How related to deceased		
Dennis Boyle			Father		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>one week</i>
Immediate	<i>Concussion</i>	How long	<i>one day</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		<i>L. Griffith</i>	
		Address	
		<i>Hamlet Md</i>	
Accident or Suicide?			

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Nathaniel Brooks

Town

County

Cumberland Alleg

MARYLAND

Date

of death 1908

Month

Dec

Day

29

Years

Age 65

Months

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Md

Occupation

Ame

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Tillie Brooks

Father's
Name

Henry Brooks

Father's
Birthplace

Md

Mother's
Maiden Name

Jaye Williams

Mother's
Birthplace

Md

Name of person giving
Information

Tillie Brooks

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Bright's disease

How long

1 yr.

Immediate

Cardiac failure

How long

1 wk.

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Spurgeon Sparks

Address

1045 N. Mechanic
CumberlandPHYSICIAN
OR CORONER

Accident or Suicide

$$\begin{array}{r}
 32 \\
 48 \\
 \hline
 80
 \end{array}$$

$$\begin{array}{r}
 30 \\
 \hline
 10.20
 \end{array}$$

Name
in
Full

Clarence Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Brunswick Town Alleg County MARYLAND

Date of death 1908 Dec Month 16 Day 0 Age 8 Years 8 Months 0 Days

Sex Male Color or Race White Birth-place Ind

Occupation name Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name Harvey Brown Father's Birthplace Pa

Mother's Maiden Name Ella Hoffman Mother's Birthplace Pa

Name of person giving Information Harvey Brown How related to deceased Father

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

Primary Acute Meningitis How long 20 days

Immediate Convulsions How long several hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Madley, PaAccident or Suicide —

Francis
Brunswick Ind
Wilson

cap 3d st

Name
in
Full

Ellen M Clark

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cumberland		County Alleg		MARYLAND	
Date of death	1908	Month Dec	Day 28	Age	73	Months 5	Days
Sex	Female		Color or Race	White		Birth-place	Cummd, Md
Occupation	Retired School T.			Where Residing if not at place of death		N. Meek St.	
Married, Single or Widowed	Widow		Name of Wife or Husband	Oliver C Clark			
Father's Name	Solomon Stover				Father's Birthplace	Alleg Co.	
Mother's Maiden Name	Mary L Shryer				Mother's Birthplace	Cummd	
Name of person giving Information	Walter B Clark				How related to deceased	Son	

CAUSES OF DEATH

(64)

PHYSICIAN
OR CORONER

Primary	Apoplexy	How long	Immediate
Immediate	Paralysis	How long	"

Are the name, age, sex, color, data and place correctly given above?

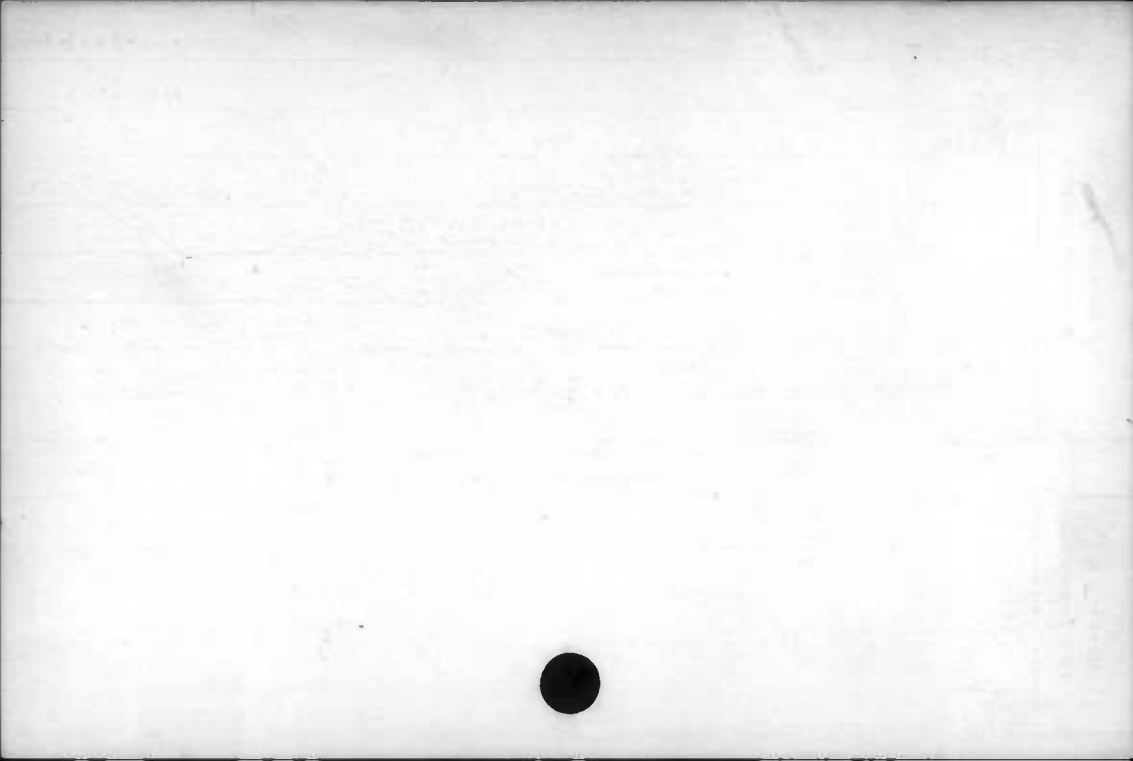
Signature of Physician

C. J. Bracken

Address

Cummd Md

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Wm A Cooney* Town *Cumberland* County *Alleg*

Died at *Cumberland* Maryland

Date of death 190 *8* Month *Dec.* Day *2* Age *37* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Cumberland*

Occupation *Slater* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Edward Cooney* Father's Birthplace *Ireland*

Mother's Maiden Name *Mary O'Donnell* Mother's Birthplace *Id.*

Name of person giving Information *Maggie Cooney* How related to deceased *Sister*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Tuberculosis* How long *2 yrs*

Immediate *Thrombosis* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *A. J. Lusk* Address *Cumberland Md*

Accident or Suicide *S.D.*

9. /fock -

Gen 2 6 —

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

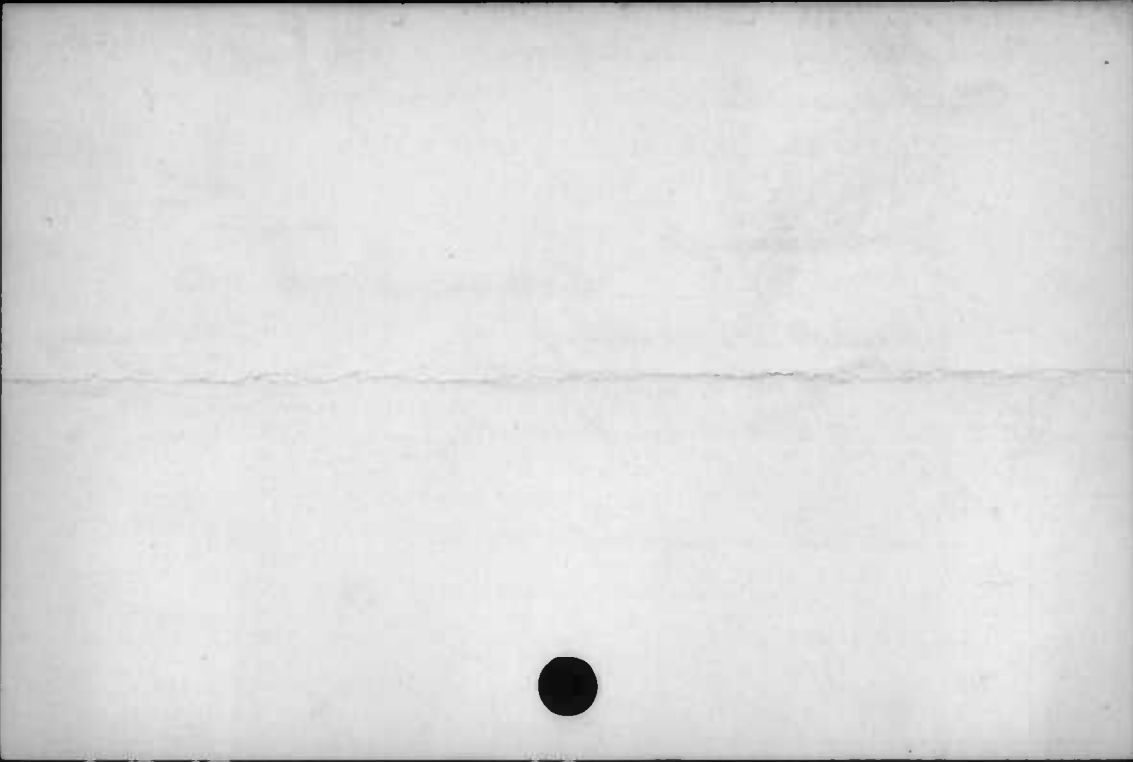
CERTIFICATE OF DEATH

Died at <u>Eckhard</u> ^{town}		<u>Allegheny</u> ^{County}		MARYLAND	
Date of death	<u>1908</u>	Month	<u>Dec.</u>	Day	<u>12</u>
Age	<u>7</u>	Years	<u>1</u>	Months	<u>6</u>
Sex	<u>Female</u>	Color or Race	<u>W.</u>	Birth-place	<u>Eckhard</u>
Occupation	<u>—</u>		Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed	<u>—</u>		Name of Wife or Husband <u>—</u>		
Father's Name	<u>James Curdus</u>		Father's Birthplace <u>Eckhard</u>		
Mother's Maiden Name	<u>May Ann Curdus</u>		Mother's Birthplace <u>Eckhard</u>		
Name of person giving information	<u>James Curdus</u>		How related to deceased <u>Father</u>		

CAUSES OF DEATH

90

Primary	<u>Bronchitis</u>	How long	<u>1 week</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>J. C. C. C.</u>
		Address	<u>Fronting</u>
Accident or Suicide?	<u>No</u>		



Name
in
Full

Christina Kriling Dando

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cumberland Town Allegany County

Date of death 1908 Month Dec Day 26 Age 45 Years Months — Days —

Sex F Color or Race White Birth-place Md

Occupation Housewife Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband Owen Dando

Father's Name Jewis Kriling Father's Birthplace Germany

Mother's Maiden Name Mary Miller Mother's Birthplace Md

Name of person giving information James E Dando How related to deceased Brother in law

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary Cancer of Stomach How long Two months

Immediate — How long —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician L. Griffith

Address Thurmont Md

Accident or Suicide? —



Name
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CERTIFICATE OF DEATH

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NEAREST FRIEND

Mary E Dean

Died at		Town <i>Kimberland</i>		County <i>Allegh.</i>		MARYLAND	
Date of death	1908	Month	Dec.	Day	2	Age	76
Sex		Female		Color or Race		White	
Occupation		retired Home Keeper		Birth-place		Ellegay B. Md	
Married, Single or Widowed		Widowed		Where Residing if not at place of death		—	
Father's Name		Do not know		Father's Birthplace		Do not know	
Mother's Maiden Name		Do not know		Mother's Birthplace		Do not know	
Name of person giving Information		Scott Dean		How related to deceased		Step Son	

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	General Debility	How long	6 hrs
Immediate	& heart failure	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Thos. H. Sloan
Place of Death		Address	Branchbury
Accident or Suicide			MD

Sumnerland
Md

G L Barber

Decy!-

Deaths of Lee!-

32

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Dorsey

County

Died at Mapleside ^{Town} allegany ^{County} **MARYLAND**

Date of death 190 8 ^{Month} Sept ^{Day} 30 Age — ^{Years} — ^{Months} — ^{Days} 2

Sex Female Color or Race White Birth-place Ind

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Benjamin A Dorsey Father's Birthplace W Va

Mother's Maiden Name Lama B. Fisher Mother's Birthplace Pa

Name of person giving Information Mother How related to deceased Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Premature Child at 7th mo. 151 How long Life

Immediate Exhaustion + Inanition How long 2 days

Are the name, age, sex, color, data and place correctly given above? yes Signature of Physician Geo. H. Broadwys

S.S. Address Cumberland

Accident or Suicide No 25 Vaan Ind



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Pearl Drake* Town *Cumtland* County *Alley* MARYLAND

Died at *Cumtland*

Date of death 1908 Month *Dec* Day *9* Age *10* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Cumtland*

Occupation *None* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Amos Drake* Father's Birthplace *Ind*

Mother's Maiden Name *Hulet Gross* Mother's Birthplace *Ind*

Name of person giving information *Hulet Gross* How related to deceased *Mother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Typhoid Fever* How long *4 week*

Immediate *Hemorrhage Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. H. Kachmar*

Address *Cumtland Ind*

Accident or Suicide *S* *Tight on*

Pleasant Grove



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *Robt Emory Inugard* Town *Timberland* County *Allegany* MARYLAND

Died at *Timberland*

Date of death 190 *8* Month *12* Day *16* Age *54* Years Months Days

Sex *Male* Color or Race *White* Birthplace *Timberland Md.*

Occupation *Engineer* Where Residing if not at place of death *Timberland*

Married, Single or Widowed *M* Name of Wife or Husband *Emma F. Inugard*

Father's Name *Robt Inugard* Father's Birthplace *Unknown*

Mother's Maiden Name *Annetta Saylor* Mother's Birthplace *Md*

Name of person giving Information *Emma F. Inugard* How related to deceased *Wife*

CAUSES OF DEATH

143

PHYSICIAN
OR CORONER

Primary *Carbuncle on rear of neck* How long *3 weeks*

Immediate *Sepsis* How long *3 days*

Are the name, age, sex, color, date and place correctly given above? *Yrs*

Signature of Physician *SPH White* Address *Timberland and Ind.*

Accident or Suicide *Ind*

Dr. Wm. Hard Times

Feb 17/13 1908-

Aged 63 yrs.

^{Friday} 1st train - 11th - Md. Uniontown Md. = ^{Saturday} ✓
X Katmonster = X

Hack

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Bernard J. Fahey

Town

County

Died at

Cumberland

Alleghany

MARYLAND

Date

of death 1908

Month

12

Day

13

Years

Age 63

Months

—

Days

26

Sex

~~Male~~Color or
Race

white

Birth-
place

Connemara

Occupation

Six Town

Where Residing if not
at place of deathMarried, Single
or Widowed

M.

Name of Wife or
Husband

Mary J. Fahey

Father's
Name

Bryan Fahey

Father's
Birthplace

Connemara

Mother's
Maiden Name

Bridget Kil Kelley

Mother's
Birthplace

Connemara

Name of person giving
Information

Michael F. Fahey

How related
to deceased

His son

CAUSES OF DEATH

64

Primary

Cerebral Hemorrhage

How long

1 week

Immediate

Convulsion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

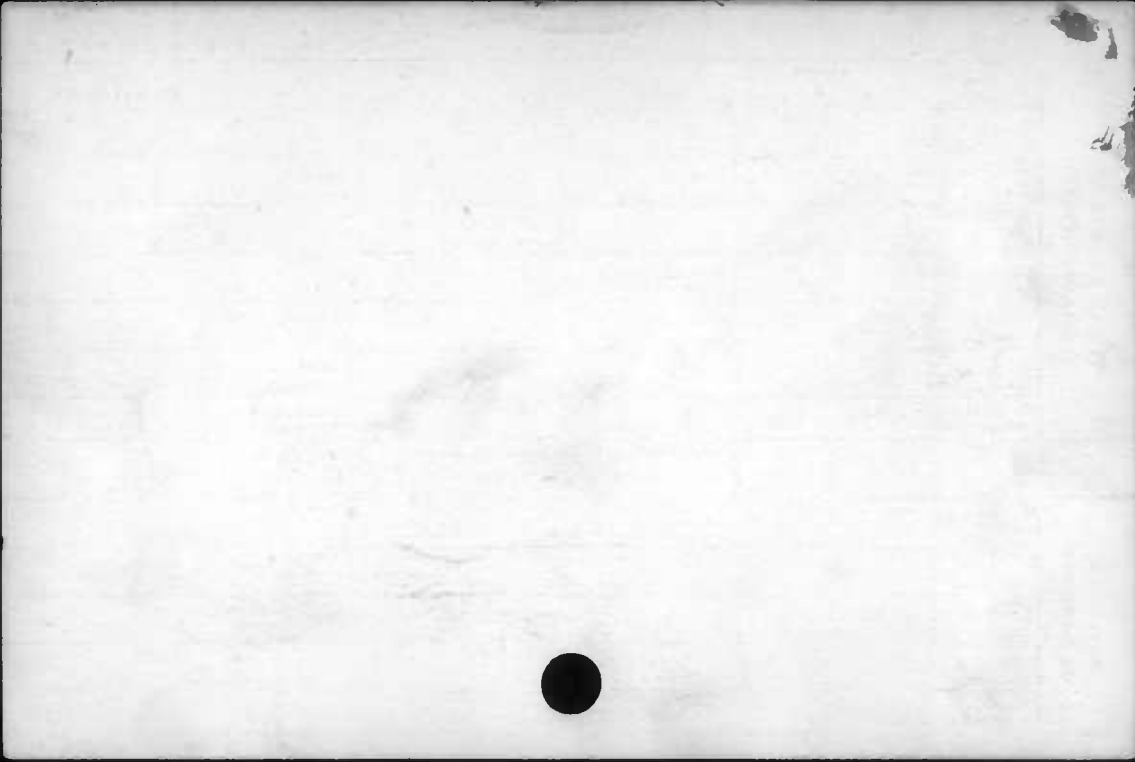
W. L. Franklin

Address

Cumberland,
Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Date
of death

190 8

Month

12

Day

27

Age

Years

Months

Days

23

Sex

Male

Color or
Race

White

Birth-
place

Cumberland

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Bradford L. Gibbs

Father's
Birthplace

Ill

Mother's
Maiden Name

Cora E. Smith

Mother's
Birthplace

Ill

Name of person giving
Information

B. L. Gibbs

How related
to deceased

Father

CAUSES OF DEATH

93

Primary

Pneumonia

How long

1 week

Immediate

Asphyxia

How long

1 day

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

W. A. Hodges M. D.

Address

Cumberland.

Accident or Suicide

Dr W. R. Hodges,
290 Liberty St.

Name
in
Full

Arthur Gilman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Vale Summit</u> Town		<u>Ally</u> County		MARYLAND	
Date of death <u>1908 Dec</u> Month		<u>26</u> Day	Age <u>74</u> Years	<u>2</u> Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Chimberland</u>		
Occupation <u>Coal Miner</u>	Where Residing if not at place of death <u>✓</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Elizabeth Hawthorne</u>				
Father's Name <u>James Gilman</u>	Father's Birthplace <u>England</u>				
Mother's Maiden Name <u>Mary Night</u>	Mother's Birthplace <u>Pa</u>				
Name of person giving information <u>Mrs. State Hawthorne</u>			How related to deceased <u>Sister in Law</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Abcess Lung</u>	<u>99</u> How long <u>3 days</u>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician <u>R. L. Conroy</u>
		Address <u>Frostburg</u>
Accident or Suicide?		<u>Ord</u>

Hafer

St Michael Beer.

Name
in
Full

Sarah Ethel Gorden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

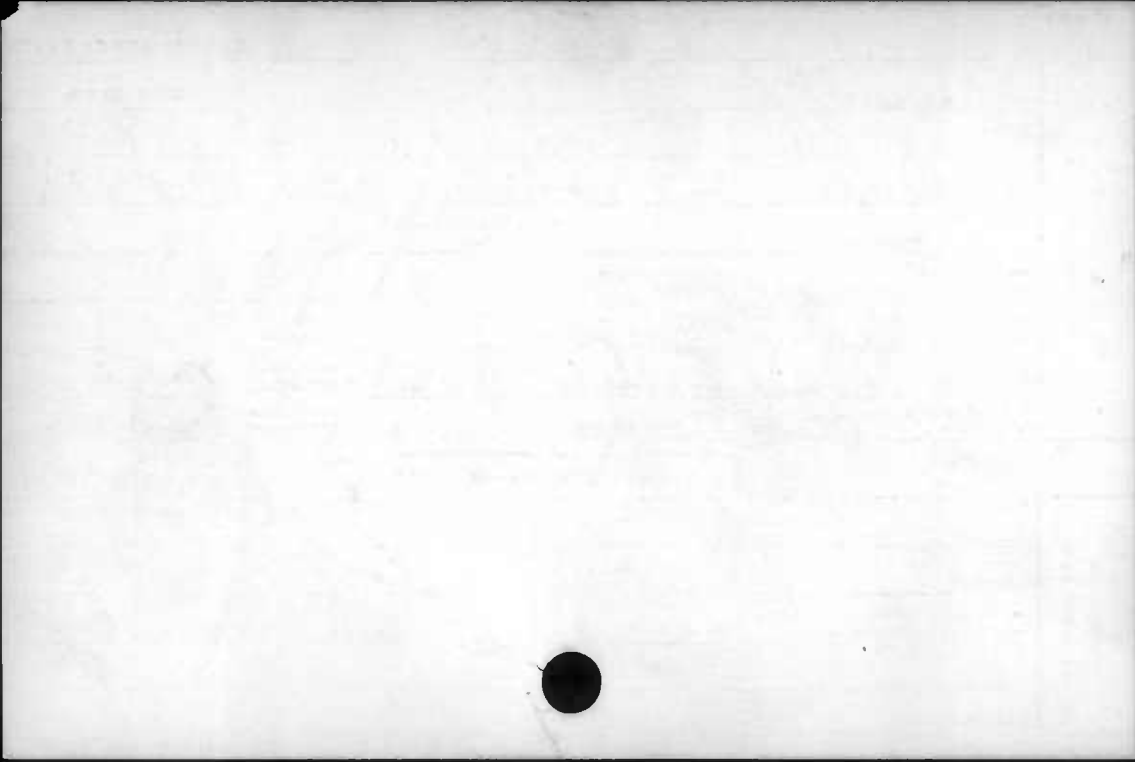
Died at		Town Cumberland		County Allegany		MARYLAND	
Date of death	190 8	Month Dec	Day 23	Age 15	Years	Months	Days
Sex	Female		Color or Race	White		Birth- place	Cumberland
Occupation	none			Where Residing if not at place of death		Lexington ave.	
Married, Single or Widowed	Single		Name of Wife or Husband		none.		
Father's Name	August Gorden				Father's Birthplace	Md	
Mother's Maiden Name	Wilida Edall Beltz				Mother's Birthplace	Ohio	
Name of person giving Information	Oliver Beltz				How related to deceased	Grand father	

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary	Gun Shot - Wound		How long
Immediate	Internal Hemorrhage		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address
yes		JH Maitz, Coroner	Cumberland
Lester			Md
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Cumtld* Town *Former* County *Ally*
Date of death 190 *8* Month *12* Day *2* Age *—* Years *—* Months *—* Days *—*
Sex *Male* Color or Race *white* Birth-place *Md.*
Occupation *—* Where Residing if not at place of death *—*

~~Married, Single~~
~~or Widowed~~

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

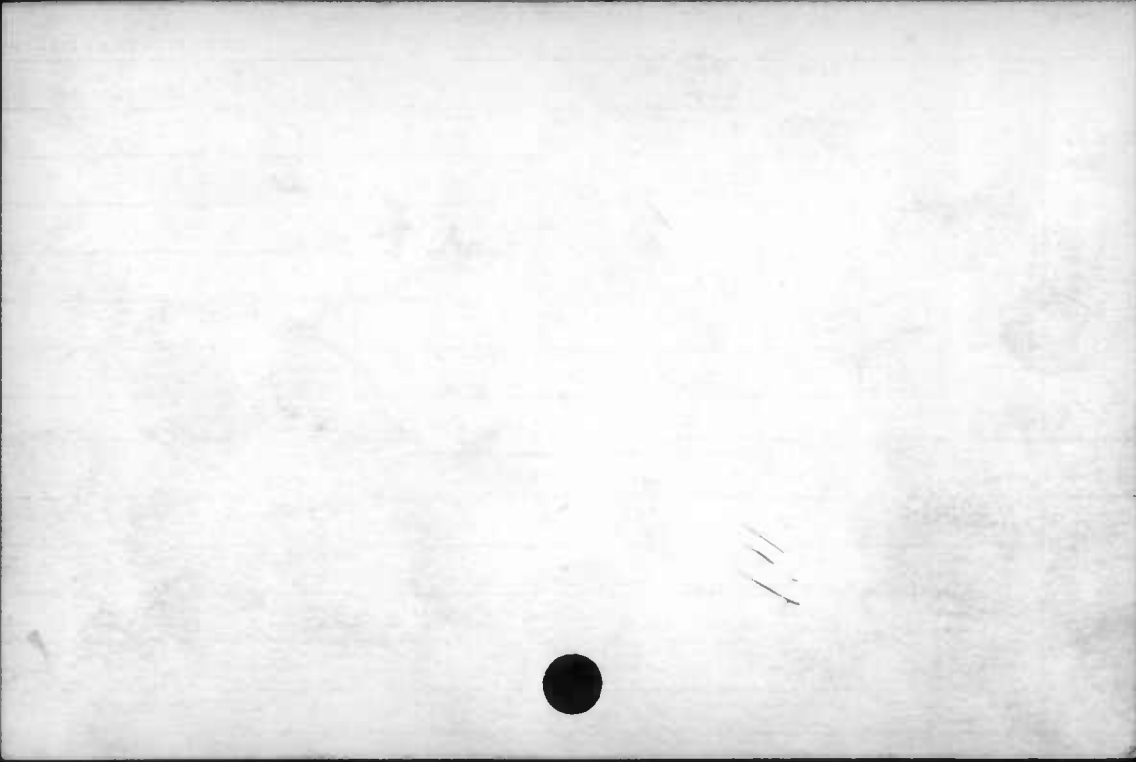
Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide



Name
in
Full

William H J Holler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *S. Cumberland* Town *Allegheny* County
Date of death *1908* *Dec* Month *22* Day Age *0* Years Months *4* Days *16*
Sex *Male* Color or Race *White* Birth-place *Mass*
Occupation _____ Where Residing if not at place of death _____

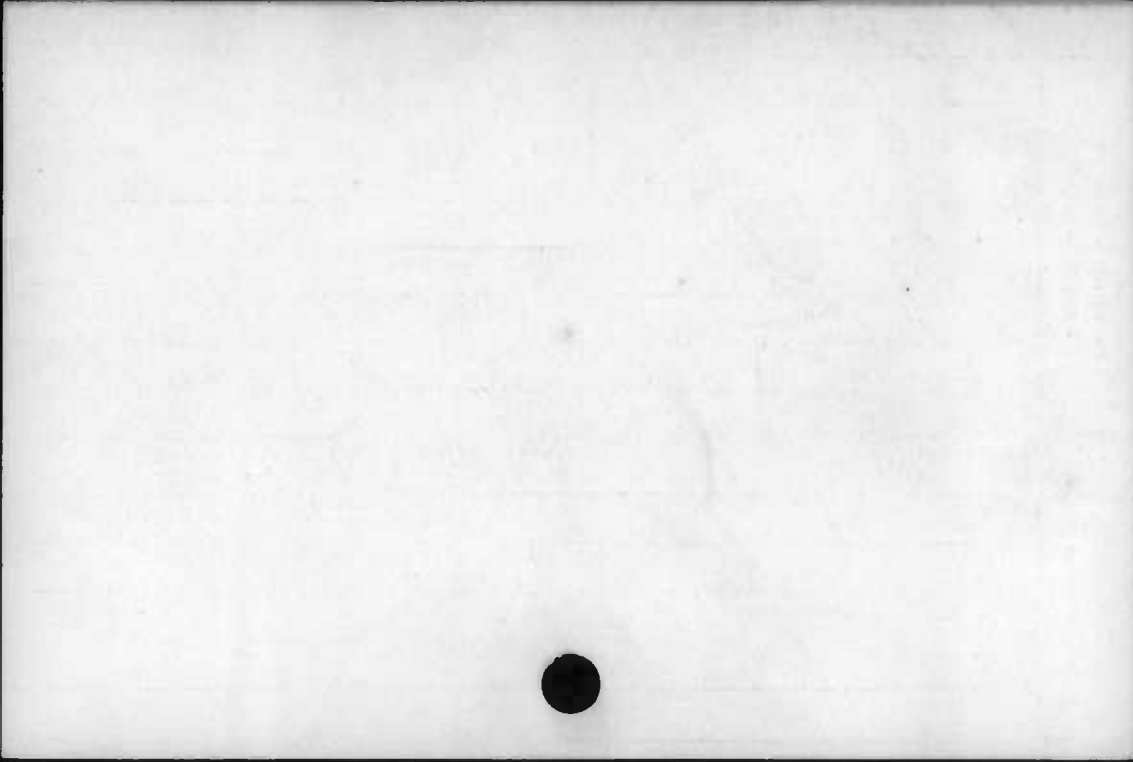
Married, Single or Widowed *Single* Name of Wife or Husband _____Father's Name *William A Holler*Father's Birthplace *W Va.*Mother's Maiden Name *Ada A Whinn*Mother's Birthplace *W Va*Name of person giving information *Wm Holler*How related to deceased *Father*

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary *Indigestion* How long *Life*
Immediate *Exhaustion from overwork* How long *1 week*
Are the name, age, sex, color, date and place correctly given above? *yes*
Signature of Physician *Dr. H. Broadbent*
Address *Cumberland*
Accident or Suicide? *No*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Bridget Hourley

Died at *Cumberland* ^{Town} *alleg.* ^{County}

MARYLAND

Date of death 190 *8* ^{Month} *Dec* ^{Day} *4* ^{Years} *64* ^{Months} *—* ^{Days} *—*Sex *Female* Color or Race *White* Birthplace *Ireland*Occupation *Housekeeper* Where Residing if not at place of death *—*Married, Single or Widowed *Married* Name of Wife or Husband *John Hourley*Father's Name *Thomas Brunner* Father's Birthplace *Ireland*Mother's Maiden Name *Mary Hiny* Mother's Birthplace *" "*Name of person giving Information *Anna Hourley* How related to deceased *Son*

CAUSES OF DEATH

10

PHYSICIAN
OR CORONERPrimary *La Grippe* How long *1 year*Immediate *Mitral stenosis* How long *1 week*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *William R. Ford M.D.*

Address

*116 Virginia Ave.*Accident or Suicide *still Hazelwood Pa*

— 4 Son
2 Girls

Jimm Henry Toddman 7/13/90
Gown , Pitts Pa

Will & Martin at Home

Mrs & Cook City

Anna at Home

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Elizabeth Kerber</i>		Town <i>Summerville</i>		County <i>Alleg</i>		State <i>MARYLAND</i>	
Died at <i>Summerville</i>		Month <i>Dec</i>		Day <i>9</i>		Years <i>74</i>	
Date of death <i>1908</i>		Month <i>Dec</i>		Day <i>9</i>		Age <i>74</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Germany</i>		Months <i>—</i>	
Occupation <i>Housekeeper</i>		Where Residing if not at place of death <i>—</i>		Days <i>—</i>		Years <i>—</i>	
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Adam Kerber</i>		Father's Name <i>Do not know</i>		Father's Birthplace <i>Germany</i>	
Mother's Maiden Name <i>" " "</i>		Mother's Birthplace <i>Do not know</i>		How related to deceased <i>Son</i>		Name of person giving Information <i>Michael Kerber</i>	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary Cause of Death <i>Heart Insufficiency</i>		How long <i>Several years</i>	
Immediate Cause of Death <i>Heart</i>		How long <i>Several months</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. B. Blaylock</i>	
Address <i>Steu</i>		Address <i>Blaylock</i>	
Accident or Suicide <i>—</i>		Address <i>Blaylock</i>	

Y 9277 Mukami 71

Mikal

Andrew

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James Edward Kidwell

Town

County

Died at

Cumberland

Alleg.

MARYLAND

Date

of death 1908

Month

Dec.

Day

27

Years

Age

Months

1

Days

14.

Sex

Male

Color or
Race

White

Birth-
place

Cumberland

Occupation

None

Where Residing if not
at place of death

—

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Hugh Kidwell

Father's
Birthplace

W. Va

Mother's
Maiden Name

Annie Hook.

Mother's
Birthplace

Pa

Name of person giving
Information

Hugh Kidwell

How related
to deceased

Father

CAUSES OF DEATH

Primary

Broncho Pneumonia

How long

Seven days

Immediate

Heart Failure

How long

Seven hours

Are the name, age, sex, color, data
and place correctly given above?

yes.

Signature of
Physician

J. H. Johnson

Address

Cumberland Md.

PHYSICIAN
OR CORONER

J. Steen

Accident or Suicide

183. March St.

Name
in
Full

Elizabeth Knapp -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Somerset Town Allegheny County MARYLAND

Date of death 1908 Dec Month 4 Day 1 Age 10 Years 23 Months 23 Days

Sex Female Color or Race White Birth-place Somerset

Occupation none Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name William Knapp Father's Birthplace Somerset

Mother's Maiden Name Annie Wilson Mother's Birthplace Somerset

Name of person giving information Mrs Wm Knapp How related to deceased Mother

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary Broncho Pneumonia - How long 6 days -

Immediate Heart failure How long few minutes -

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician J. T. Bullock M. D.

Address Somerset Md

Accident or Suicide? no



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

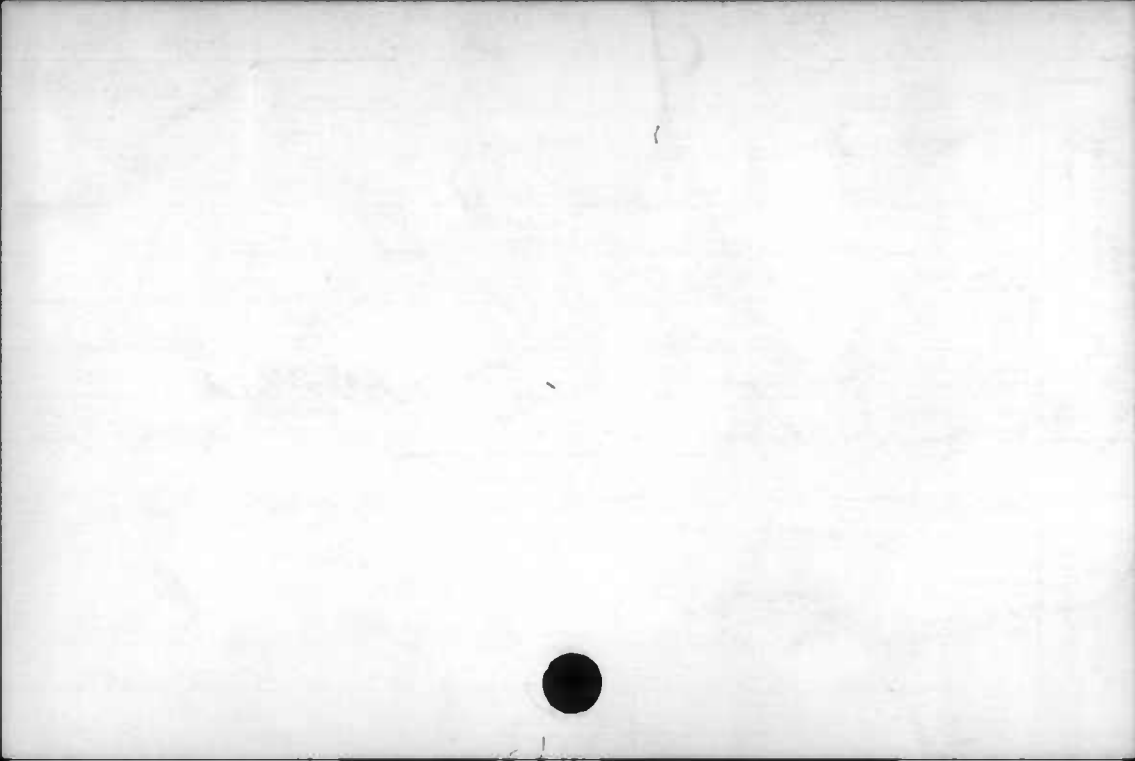
Name <i>John Casper Landwehr</i>		Town <i>Cumberland</i>		County <i>Allegany</i>		State <i>MARYLAND</i>	
Died at		Month <i>Dec</i>		Day <i>27</i>		Years <i>80</i>	
Date of death 190 <i>8</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>			
Occupation <i>Watchman</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Juliana Landwehr</i>					
Father's Name <i>John Landwehr</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Do not know</i>		Mother's Birthplace <i>Do not know</i>					
Name of person giving Information <i>Mrs Edward Weise</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Bright's Disease</i>	How long	<i>5 yrs</i>
Immediate	<i>Uremia</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. B. Fuchs</i>	
<i>Seein</i>		Address <i>Cumberland</i>	
Accident or Suicide		<i>Franklin Md</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Laura V. Loney

Town

County

Died at

Camden

Allegheny

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1908

Dec

26

Age

49

Sex

Female

Color or
Race

White

Birth-
place

Pa

Occupation

Retired House Keeper

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Wm. W. Loney

Father's
Birthplace

Md.

Mother's
Maiden Name

Elizabeth Wentling

Mother's
Birthplace

Pa.

Name of person giving
Information

Linda Wilson

How related
to deceased

Brother's son

CAUSES OF DEATH

41

Primary

Cancer Carcino

How long

1 year

Immediate

involving small bowel

How long

11

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

A. H. Hawkins

11 Cumberland
Md

Accident or Suicida

PHYSICIAN
OR CORONER

1111

1111



Name
in
Full

CERTIFICATE OF DEATH

Elisha F. Lantz

Town

County

MARYLAND

Died at

Cumber

Alleg

Date

of death 1908

Month

Dec

Day

7

Age

Years

38

Months

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Bed. Co. Pa

Occupation

Laborer

Where Residing if not
at place of death

Cumberbund Md

Married, Single
or Widowed

Married

Name of Wife or
Husband

Sarah C. Lantz

Father's
Name

Elisha Lantz Sr.

Father's
Birthplace

Va

Mother's
Maiden Name

Dora Helow

Mother's
Birthplace

Va

Name of person giving
Information

G. W. Coleman

How related
to deceased

Bro in law

CAUSES OF DEATH

Primary

Typhoid fever

How long

3 weeks

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

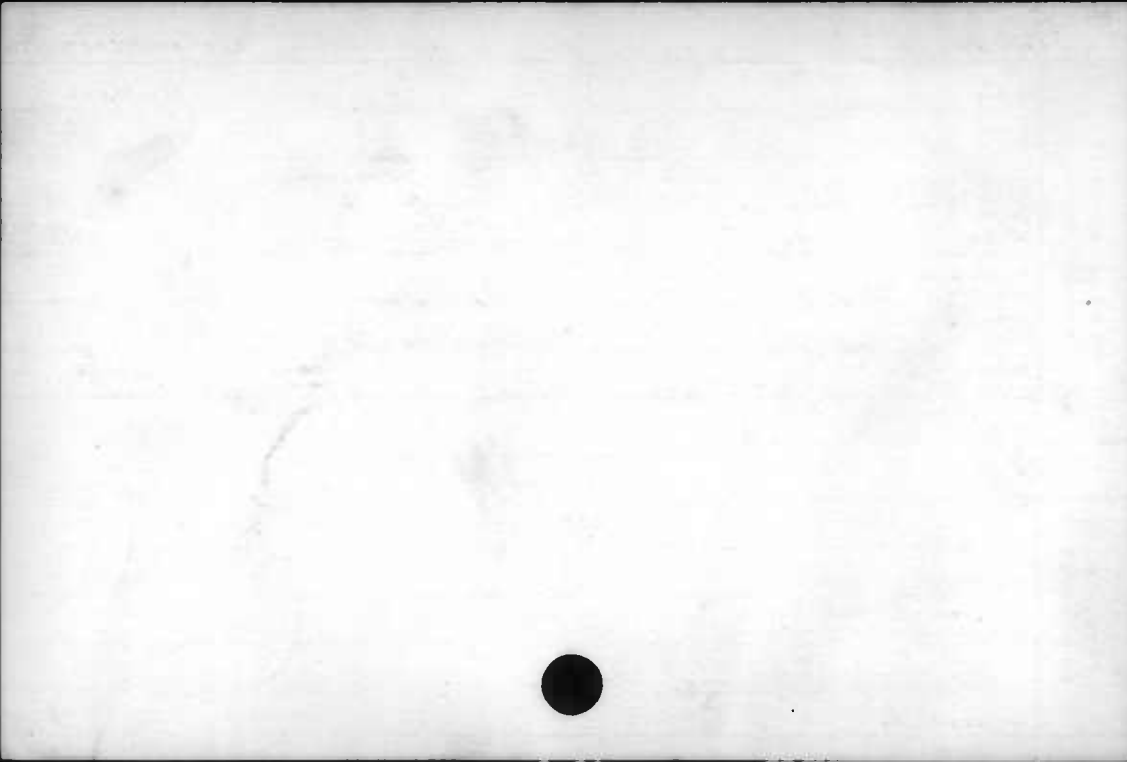
Thos. H. Farrow

Address

Cumberbund Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Clara Leasure

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cumtland Town Allegh County MARYLAND

Date of death 190 5 Month Dec Day 8 Age 21 Years Months 8 Days —

Sex Female Color or Race White Birth-place Cumtland

Occupation Housewife Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband Preston Leasure

Father's Name Amrad Wagner Father's Birthplace Germany

Mother's Maiden Name Elizabeth Kilt Mother's Birthplace "

Name of person giving information Preston Leasure How related to deceased Husband

CAUSES OF DEATH

Primary Pulmonary Tuberculosis 27 How long Nearly 3 yrs

Immediate Exhaustion How long Few days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

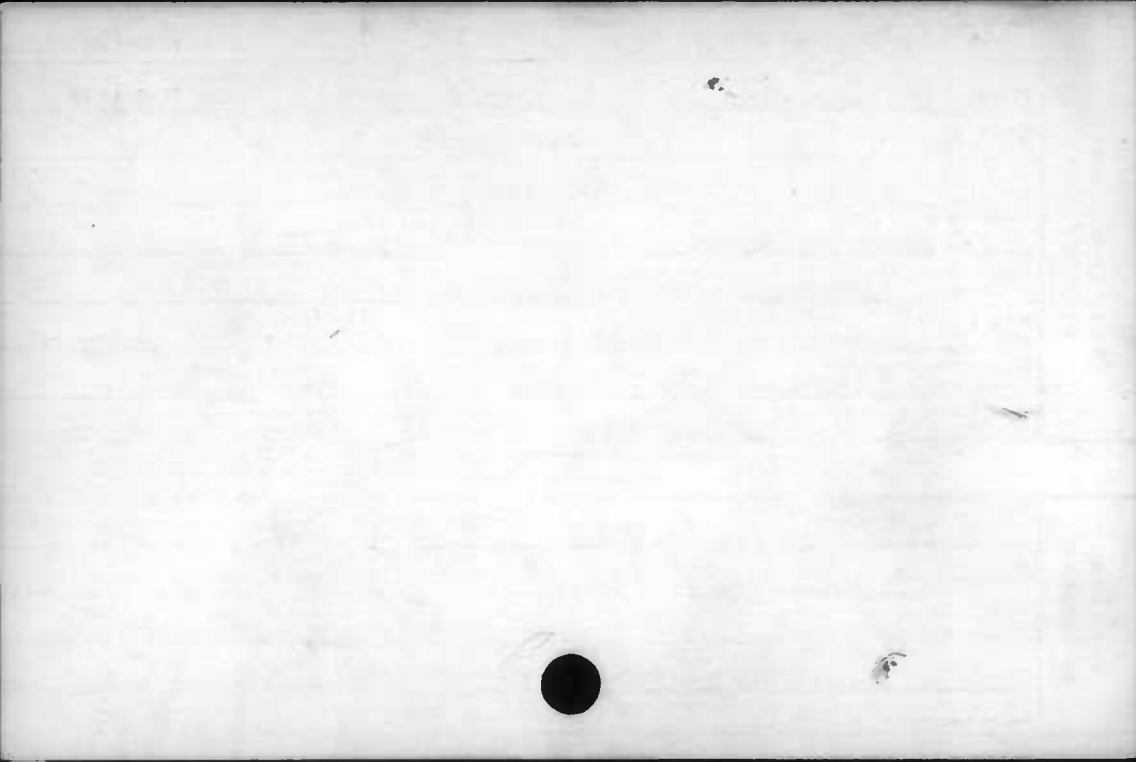
Address

Edward Harris M.D.

Cumtland

Harro. Md.

PHYSICIAN
OR CORONERAccident or Suicide No



Name
in
Full

Janson Lowery

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Ellerslie		County Allegheny		MARYLAND	
Date of death		1908	Month 12	Day 31	Age 49	Months 4	Days 23
Sex Male		Color or Race White		Birth-place Ellerslie, Md.			
Occupation Laborer		Where Residing if not at place of death East Liverpool Ohio					
Married, Single or Widowed Married		Name of Wife or Husband Janson Lowery					
Father's Name Emanuel Lowery		Father's Birthplace Bedford Co Pa					
Mother's Maiden Name Louisia Thorpe		Mother's Birthplace Bedford Co Pa					
Name of person giving Information J. M. Lowery		How related to deceased Brother					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	10 Mos
Immediate	Exhaustion	How long	One month
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Hearst Smith	
Address		Ellerslie Md	
Accident or Suicide		No	

Geo Sedro - Mount - Hyndman Pa
East Liverpool Ohio

Sent cart to C. H. Brace #51 Bedford
Cumb MS

Hanson Locomotive

carriage cost 11.20 To East Limer Pool

via P. R. R.

By the way of H. B. J.

Name
in
Full

Auna M. Keenan

CERTIFICATE OF DEATH

Town

County

Died at *Crane Funeral Home* *Allegheny*

MARYLAND

Date

of death 190

Month

12

Day

22

Years

Age *70*

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Ireland

Occupation

House wife

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Thomas M. Keenan

Father's
Name

Patrick M. Cahane

Father's
Birthplace

Ireland

Mother's
Maiden Name

Allie M. Raig

Mother's
Birthplace

Ireland

Name of person giving
Information

Edna M. Keenan

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Pneumonia

How long

4 mos

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Thos. B. Logan
Seaside Park
N.J.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

~~K. P.~~
~~Ku m~~

Koon

Name

in
Full

Charlie McKenzie

CERTIFICATE OF DEATH

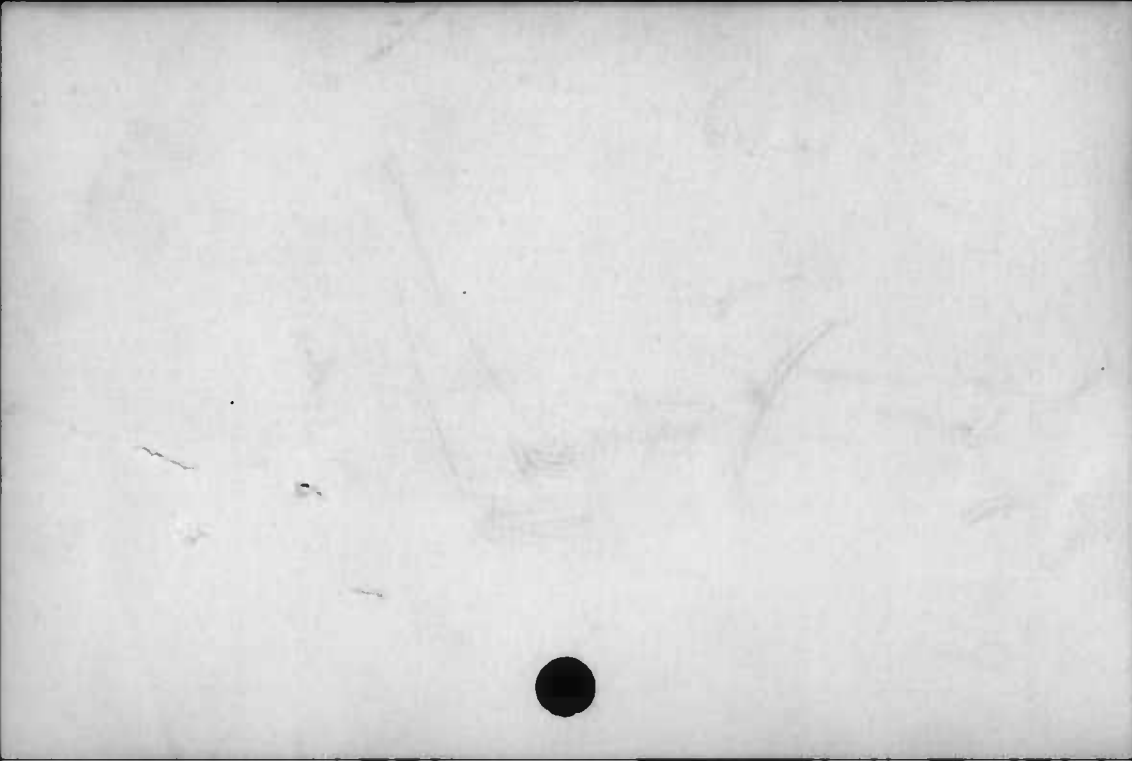
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fenzel</i> Town		<i>Alleghany</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>Dec</i>	Day <i>16</i>	Age <i>25</i>	Months <i>8</i>	Days <i>2</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Barrett Co md.</i>		
Occupation <i>Invalid</i>	Where Residing if not at place of death <i>at place of death</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Jerry McKenzie</i>	Father's Birthplace <i>Penn.</i>				
Mother's Maiden Name <i>Elizabeth Hutzell</i>	Mother's Birthplace <i>Penn.</i>				
Name of person giving information <i>Frank McKenzie</i>	How related to deceased <i>Brother</i>				

From my family **CAUSES OF DEATH** *from the family* *Examination & information*

PHYSICIAN
OR CORONER

Primary <i>Epilepsy</i>	How long <i>all of his life</i>
Immediate <i>Epileptic Spasm</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>L. G. Frazin M. D.</i>
	Address <i>Fenzel md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

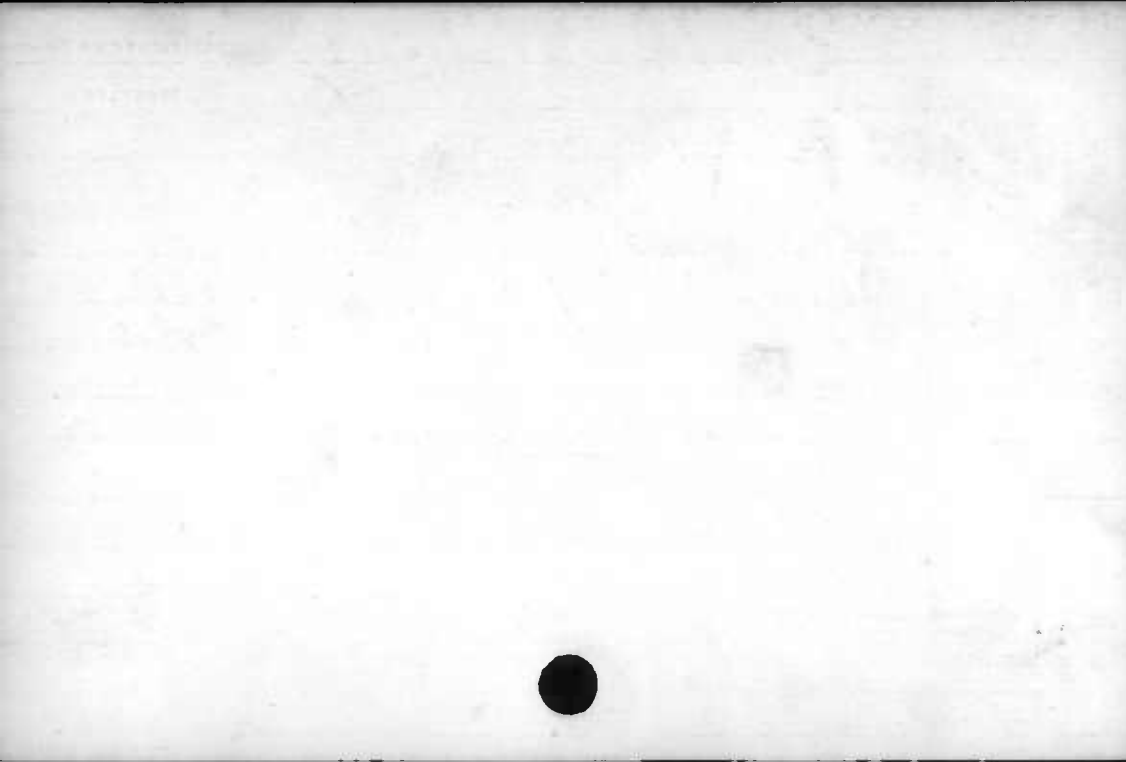
Name in Full <i>Mrs Annie's Mc Searley</i>		Town <i>Cumt</i>		County <i>allergary</i>		MARYLAND	
Died at <i>Cumt</i>		Month <i>12</i>		Day <i>9</i>		Years <i>33</i>	
Date of death <i>1908</i>		Month <i>12</i>		Day <i>9</i>		Years <i>33</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ireland</i>			
Occupation <i>House wife</i>		Where Residing if not at place of death <i>Cumberland</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>John Mc Searley</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Ireland</i>					
Name of person giving Information <i>Mrs Marion Smith</i>		How related to deceased <i>son</i>					

CAUSES OF DEATH

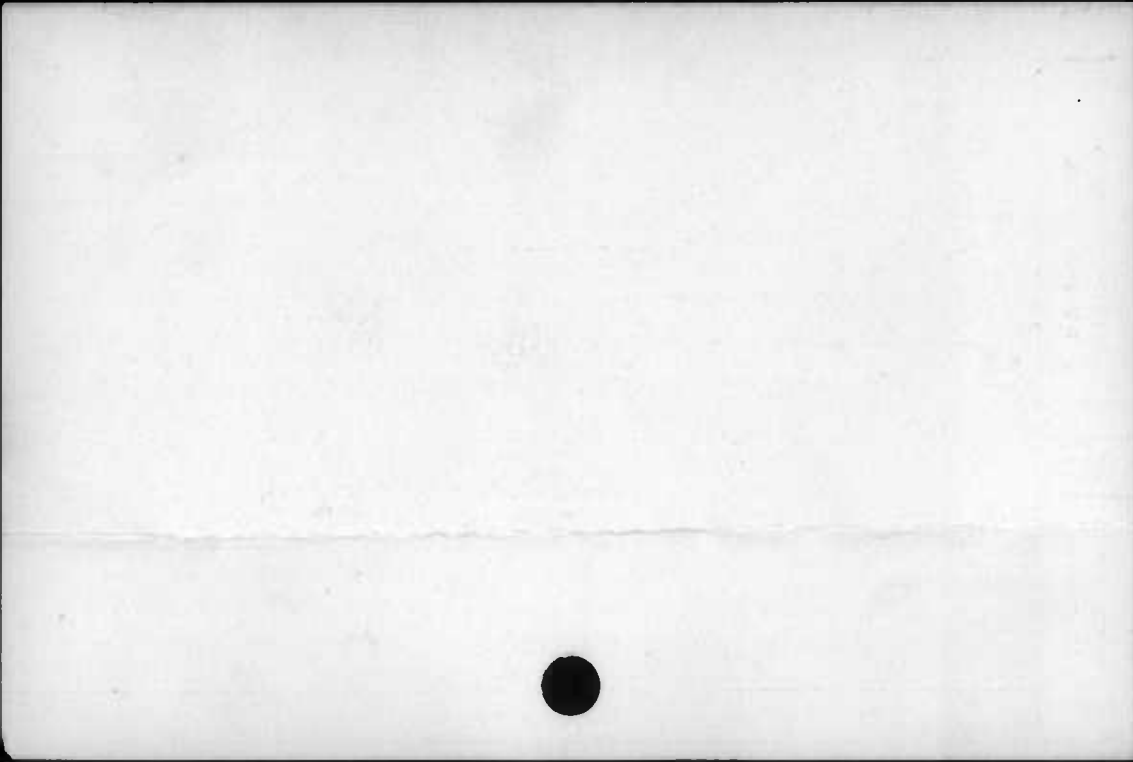
120

PHYSICIAN
OR CORNER

Primary <i>Brought down</i>	How long <i>1 yr</i>
Immediate <i>Unwilling</i>	How long <i>4 hr</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A Leo Faulkner</i>
Address <i>Cumberland, Md</i>	
Accident or Suicide <i>no</i>	



Name in Full		Meerbaugh (Stillborn)				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Cumberland		County		MARYLAND	
	Date of death	1908	Month	Dec	Day	13	Age
					Years		Months
							Days
	Sex	Male		Color or Race	White		Birth-place
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed		Name of Wife or Husband				
FATHER'S NAME	Walter J Meerbaugh					Father's Birthplace	
	Mother's Maiden Name					Mother's Birthplace	
	Name of person giving information					How related to deceased	
	Mother					Mother	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Unknown - Dead in utero probably over 3 weeks					How long
	Immediate	Unknown - Stillborn					How long
	Are the name, age, sex, color, date and place correctly given above?					Signature of Physician	
	Yes					Address	
	No					Address	
Accident or Suicide?					No		



Name
in
Full

Louise E. Menfee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Cumberland ^{County} Alleg **MARYLAND**

Date of death 1908 ^{Month} Dec. ^{Day} 7 ^{Age} — ^{Years} — ^{Months} ~~1~~ ^{Days} 13

Sex Female ^{Color or Race} White ^{Birth-place} Cumberland.

Occupation None ^{Where Residing if not at place of death} —

Married, Single or Widowed Single ^{Name of Wife or Husband} None

Father's Name Arthur E. Menfee ^{Father's Birthplace} W Va

Mother's Maiden Name Elizabeth Drenner ^{Mother's Birthplace} W Va

Name of person giving Information Arthur E. Menfee ^{How related to deceased} Father.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Failure of Heart & Lungs ^{How long} 13 days

Immediate Gradual asphyxiation ^{How long} 13 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician T B Claybrook M.D.

Address Cumberland Md

Accident or Suicide? *stew*

142 m. a. s.

Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <i>Hoffman</i>		Town <i>Allegany</i>		County		MARYLAND	
Date of death	1908	Month	12	Day	20	Age	41
Sex	F	Color or Race	W	Birth-place	Felsburt		
Occupation	Ltr.			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	John Metzger			Father's Birthplace			
Mother's Maiden Name	Julia A. M. Schneider			Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

(45)

PHYSICIAN
OR CORONER

Primary	<i>booner</i>	How long
Immediate	<i>Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Geo. S. Sinner</i>	
	Address <i>Frostburg</i>	
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

George Francis O'Hara

Town Cumbera County Alleg

Died at

State MARYLAND

Date of death 1908 Month Dec Day 9 Age Years Months 1 Days 14

Sex Male Color or Race White Birth-place Md

Occupation None Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name Dennis O'Hara Father's Birthplace Md

Mother's Maiden Name Mary Kelley Mother's Birthplace Md

Name of person giving Information Dennis O'Hara How related to deceased Father.

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary Pneumonia How long 1 week

Immediate Exhaustion How long 1 day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician W. H. Broadbent

Address Cumbera Md

Accident or Suicide No

44 Old Town Road

Name
in
Full

Eldan Shields Paxton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Cumberland		Allington					
Date of death	1908	Month	Dec	Day	20	Age	26
Sex	Male	Color or Race	White	Birthplace	Allington Co.		
Occupation	Driver			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
None							
Father's Name	Oliver Paxton				Father's Birthplace	Md	
Mother's Maiden Name	Emma Shields				Mother's Birthplace	Pa	
Name of person giving Information	Emma Paxton				How related to deceased	mother	

CAUSES OF DEATH

Primary	Pulmonary Tuberculosis	How long	About 1-yr
Immediate	Exhaustion	How long	7 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Edmund Harris	
Address		Cumberland	
Accident or Suicida		X	

PHYSICIAN
OR CORONER

92. obs

Name in Full		Charles George Porter				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town <u>Grahamton</u>		County <u>Alleghany</u>		MARYLAND	
	Date of death	<u>1908</u>	Month <u>Dec</u>	Day <u>4</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u> Days <u>18</u>
	Sex	<u>Male</u>		Color or Race	<u>White</u>		Birth-place <u>Maryland</u>
	Occupation	<u>—</u>		Where Residing if not at place of death <u>—</u>			
	Married, Single or Widowed	<u>—</u>		Name of Wife or Husband <u>—</u>			
	Father's Name	<u>Charles Porter</u>				Father's Birthplace	<u>Maryland</u>
PHYSICIAN OR CORONER	Mother's Maiden Name	<u>Lizzie Miller</u>				Mother's Birthplace	<u>Maryland</u>
	Name of person giving information	<u>Charles Porter</u>				How related to deceased	<u>Father</u>
	CAUSES OF DEATH						(93)
	Primary	<u>Lobar Pneumonia</u>				How long	<u>3 days</u>
Immediate	<u>Convulsions</u>				How long	<u>1 day.</u>	
PHYSICIAN OR CORONER	Are the name, age, sex, color, date and place correctly given above?		<u>yes</u>		Signature of Physician		<u>Abbott R. Watker</u>
					Address		<u>Frostburg</u>
	Accident or Suicide?		<u>—</u>				

Hofer.

Porters Com. (Echard)

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mrs Martha E Porter
 Died at ^{Town} Flintstone ^{County} Allegany **MARYLAND**
 Date of death 1908 ^{Month} Dec. ^{Day} 2 ^{Years} Age 54 ^{Months} ^{Days}
 Sex Female Color or Race White Birth-place Va
 Occupation Housekeeper Where Residing if not at place of death
 Married, Single or Widowed Married Name of Wife or Husband J A Porter
 Father's Name Hugh Nash Father's Birthplace N.C.
 Mother's Miden Name unknown Mother's Birthplace N.C.
 Name of person giving Information Hugh Porter How related to deceased Son

CAUSES OF DEATH

79

How long

PHYSICIAN
OR CORONER

Primary Cardiac insufficiency
 Immediate

How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

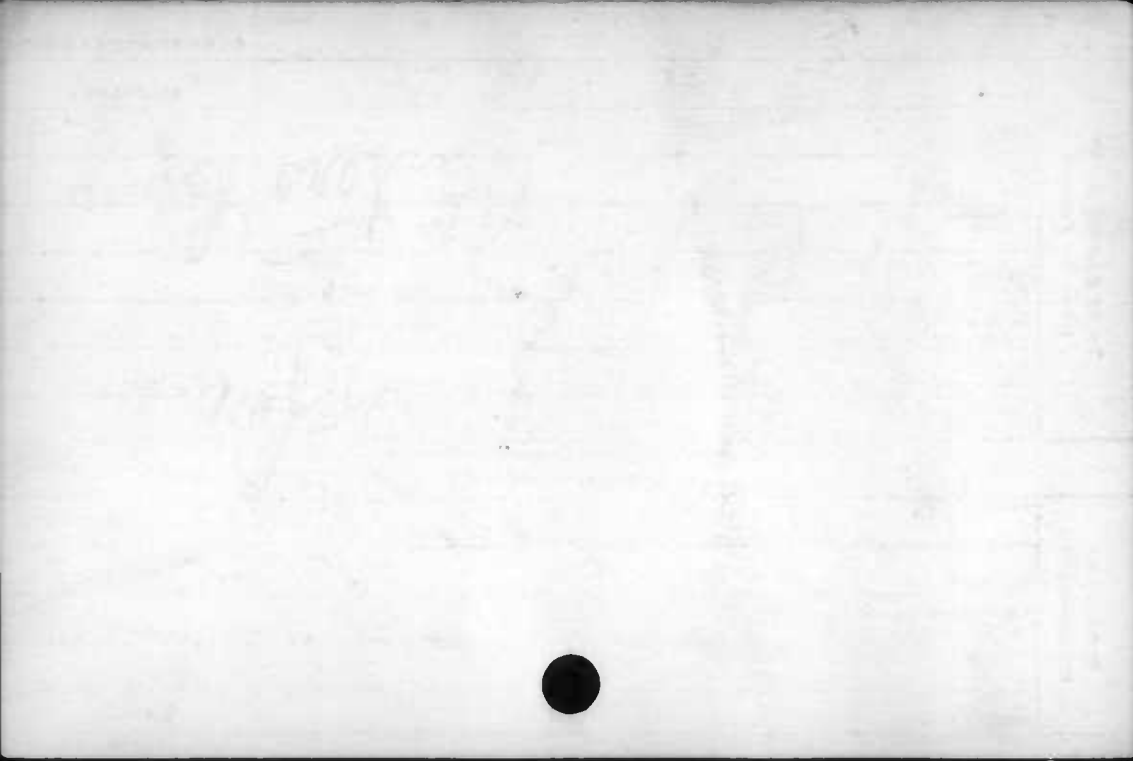
Address

Norman W. W.

Accident or Suicide

9/13

A. P. Twigg
 Flintstone
 Md.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Address	
Accident or Suicide?	

Hafer.

St. Michael Cem.

Town

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

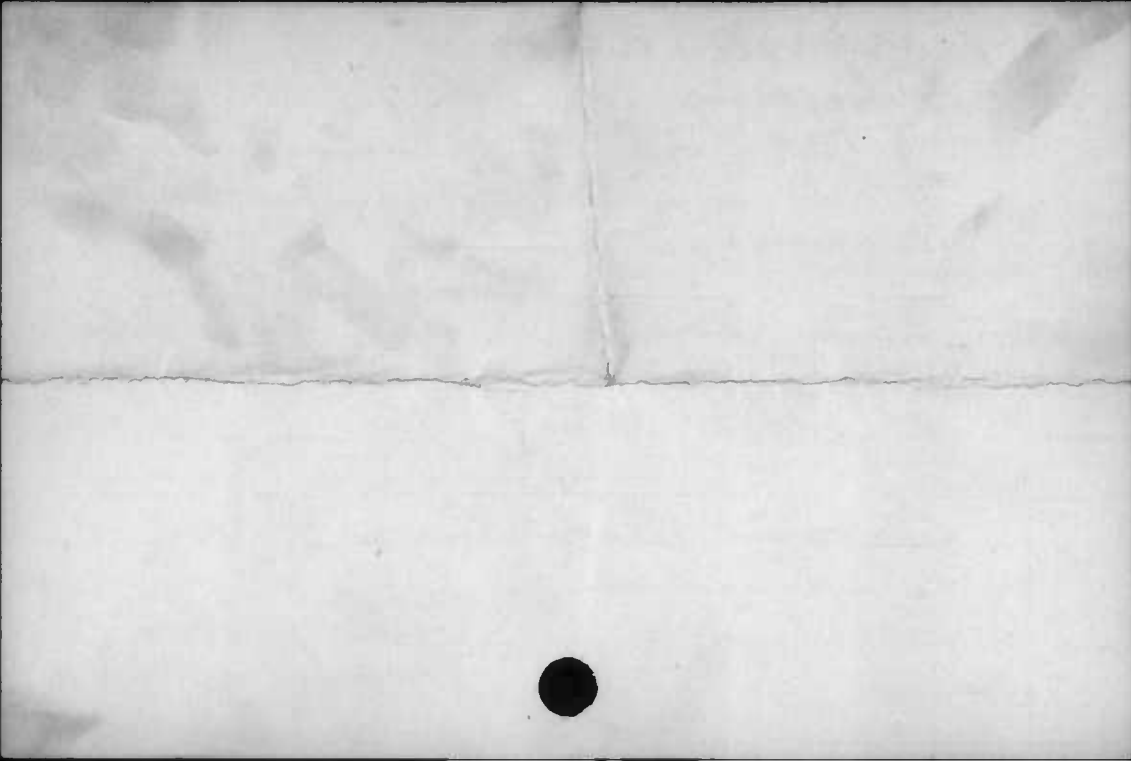
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		12	23	9		6	27
Sex		Color or Race		Birth place			
Male		white		Borden, Md			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace					
Alec Rankin		Borden, Md					
Mother's Maiden Name		Mother's Birthplace					
Catherine Rankin		Scottsland					
Name of person giving information		How related to deceased					
Alec Rankin		Father					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	8 years
Immediate	Exhaustion + exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Address	
No		Borden, Md	
Accident or Suicide?			



Name
in
Full

Margrett Rees

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Fireolbring* ^{Town} *Alley* ^{County}
 Date of death *1908* ^{Month} *Dec* ^{Day} *28* ^{Age} *71* ^{Months} *11* ^{Days} *29*
 Sex *71* Color or Race *White* Birth-place *Wales*
 Occupation *Housewife* Where Residing if not at place of death *—*
~~Married~~ *Single* Name of Wife or Husband *John D. Rees*
 Father's Name *Henry Davis* Father's Birthplace *Wales*
 Mother's Maiden Name *Mary Davis* Mother's Birthplace *Wales*
 Name of person giving information *John Rees* How related to deceased *Son*

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary *Chronic Gastric Cancer* ^{How long} *Years*
 Immediate *Emphysema* ^{How long} *Two weeks*
 Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J. Griffith*
 Address *Fireolbring Ind*
 Accident or Suicide?



Name
in
Full

Infant Richer.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

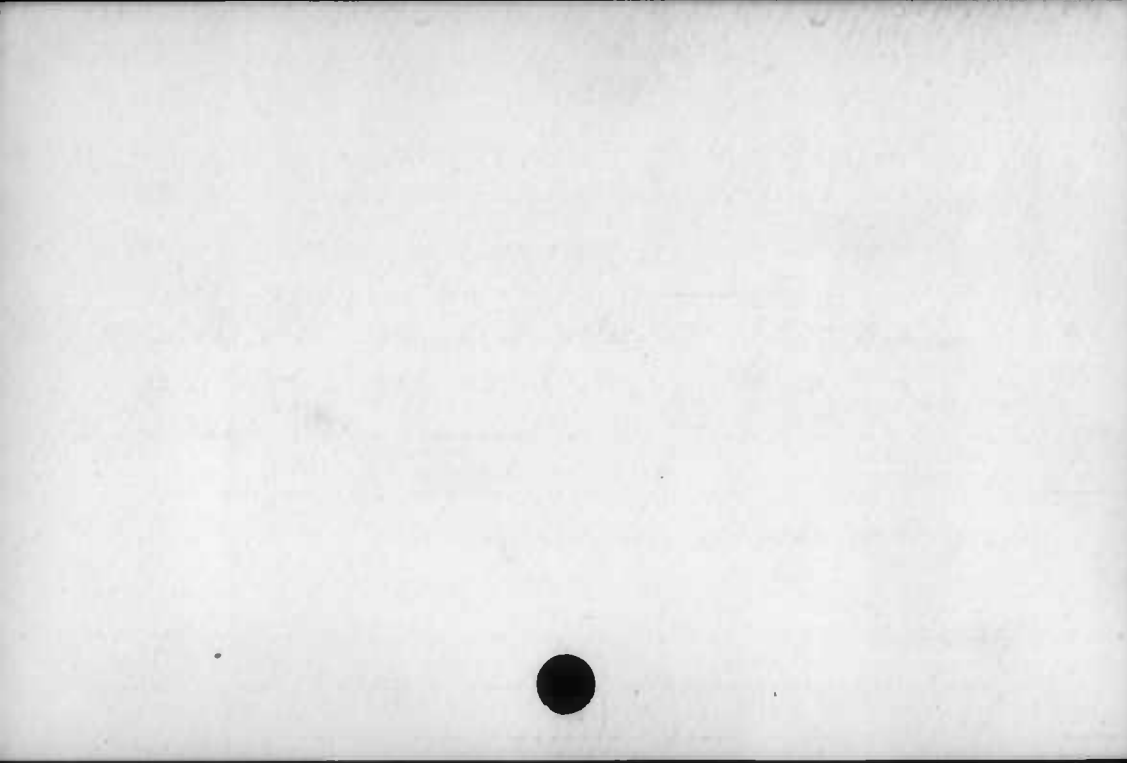
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908		Dec	7	Age	2		
Sex	Male	Color or Race	White		Birth-place	Brimberland Md	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Single							
Father's Name				Father's Birthplace			
William Atherton				Lonaconing			
Mother's Maiden Name				Mother's Birthplace			
Adelaide Richer				Lonaconing			
Name of person giving information				How related to deceased			
Mrs. Richer				Grandmother			

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	Not seen.	How long	
Immediate	Probably Bronch. Pneumonia	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Henry M. Hodgson	
		Address	
		Lonaconing, Md	
Accident or Suicide?			
No			



Name
in
Full

Catherine Jane Rodda

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

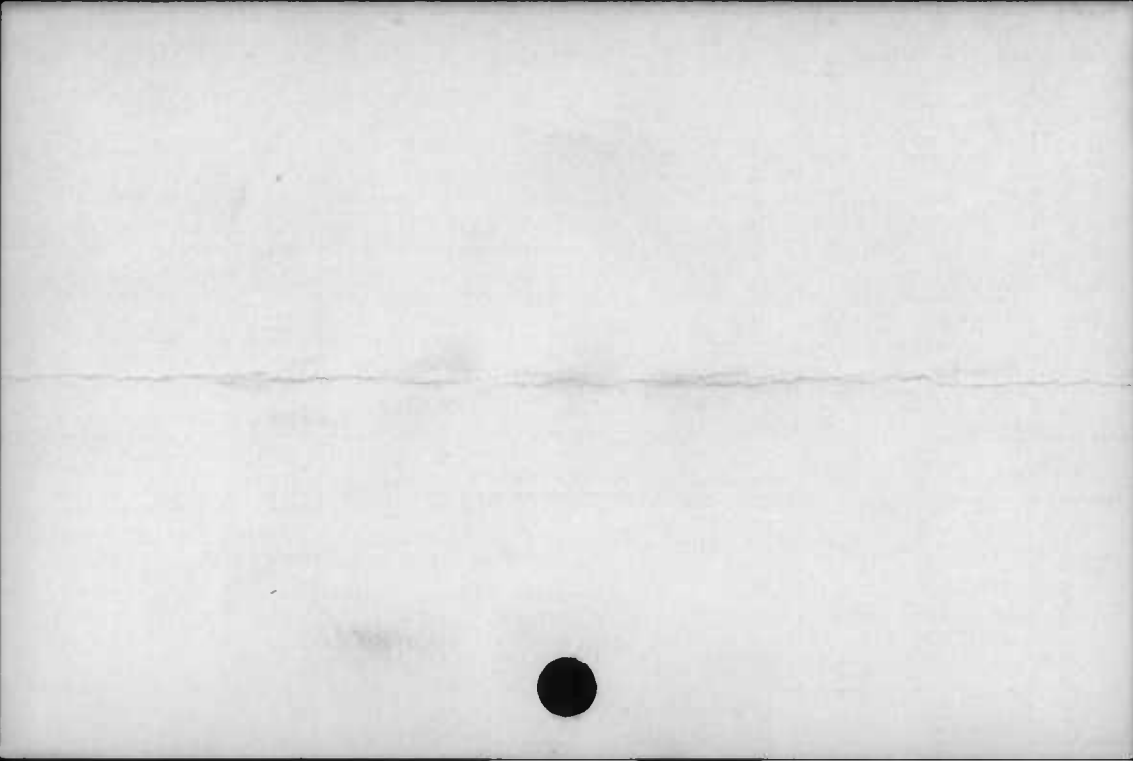
Died at		Town		County		State	
Date of death		Month	Day	Years	Months	Days	
1908		Dec	12	55			
Sex	Female		Color or Race	White		Birth-place	England
Occupation	Sponser		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband				
Thomas Rodda							
Father's Name	Josiah Lortson		Father's Birthplace		Somerset		
Mother's Maiden Name	Peggy A. Harris		Mother's Birthplace		Somerset		
Name of person giving information	Joseph Durd		How related to deceased		Son		

CAUSES OF DEATH

43

PHYSICIAN
OR CORONER

Primary	Carcinoma of mammary gland	How long	1 year
Immediate		How long	2 years
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		A. C. Berry	
Address		Frothingham	
Accident or Suicide?			



Name
in
Full

Francis Schmidt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

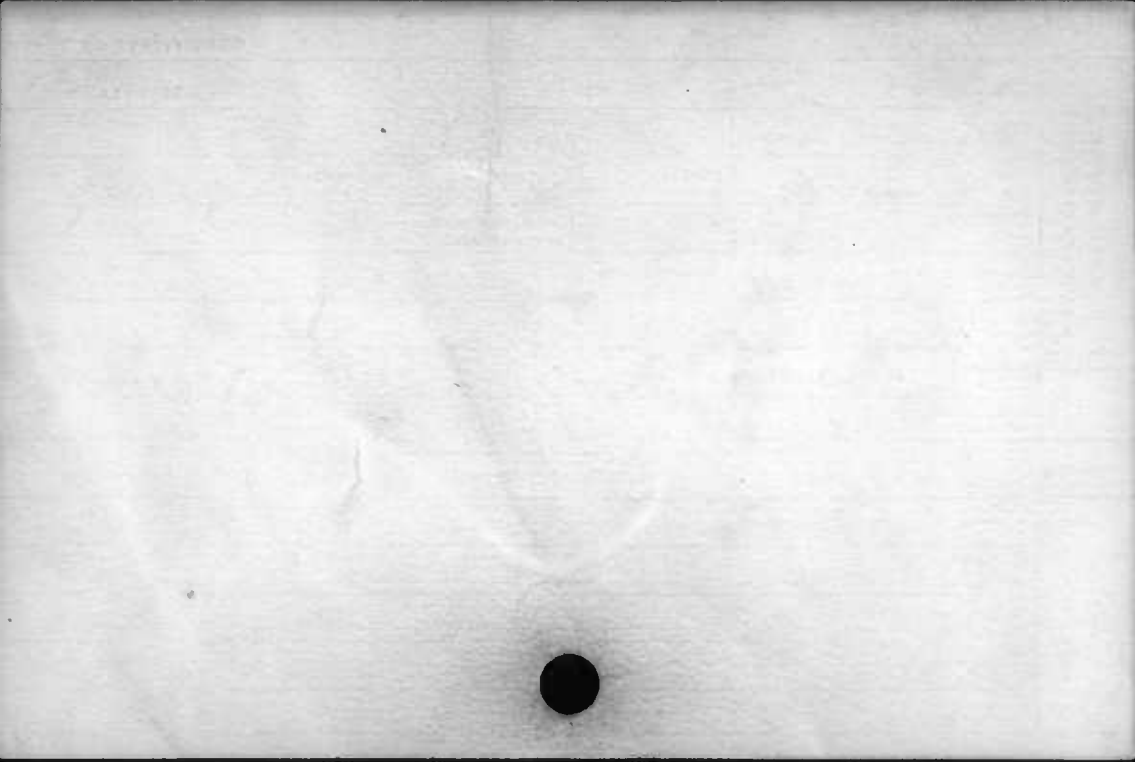
Died at		Town Cumberland		County Allegany		MARYLAND	
Date of death		Month 1908	Day Dec	Age	Years 26	Months 8	Days
Sex	Female		Color or Race	White		Birth-place	Germany
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Rudolph Schmidt			
Father's Name	Barthelmeus Reitmeyer				Father's Birthplace	Germany	
Mother's Maiden Name	Barbra Reininger				Mother's Birthplace	Germany	
Name of person giving Information	Rudolph Schmidt				How related to deceased	Husband	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Tuberculosis		How long	1 yr
Immediate	Exhaustion		How long	2 mo
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		Address		
J. A. Stein		J. A. Stein		
Accident or Suicide		No		



Name
in
Full

Rosie Belle, Serbaugh

CERTIFICATE OF DEATH

Town

County

Died at

Prin

Allegany

MARYLAND

Date

Month

Day

Years

Months

Days

of death 190

8

Dec

20

Age

7

Sex

female

Color or
Race

white

Birth-
place

West Va

Married, single
or Widowed

Occupation

Name of Wife or
HusbandFather's
Name

Adam Serbaugh

Father's
Birthplace

West Va

Mother's
Maiden Name

Sarah A. Ludwinski

Mother's
Birthplace

West Virginia

Name of person giving
In formation

Sarah A. Serbaugh

How related
to deceased

Mother

CAUSES OF DEATH

9

Primary

Diphtheria

How long

9 days

Immediate

Exhaustion

How long

3 1/2

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature
Physician

C. Cunningham M.D.

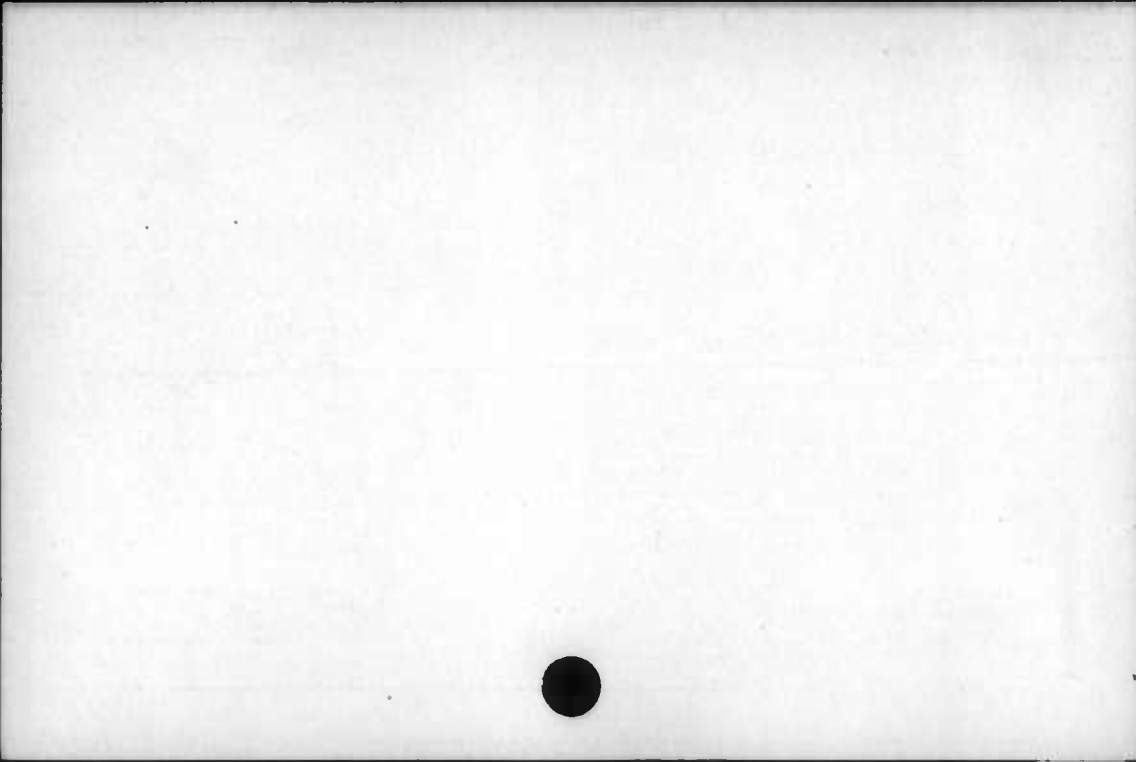
Address

Crescent, Md

Edwin Cresap Sub Registrar

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Antonia Sheados

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Frostburg Town Allegheny County

Date of death 1908 12 Month 11 Day — Years 4 Months 7 Days

Sex F Color or Race W Birth-place

Occupation Where Residing if not at place of death

~~Married~~ Single
or ~~Widowed~~

Name of Wife or
Husband

Father's
Name

Peter Sheados

Father's
Birthplace

Mother's
Maiden Name

Mary Iselin

Mother's
Birthplace

Name of person giving
Information

How related
to deceased

CAUSES OF DEATH

90

How long

How long

PHYSICIAN
OR CORONER

Primary

Bronchitis

Immediate

convulsions

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Geo. S. Summiger

Address

Frostburg

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

infant Simms Town County Alle

MARYLAND

Died at burr Month Day 16 Age Years Months Days

Date of death 1908

Sex Male Color or Race Colored Birth-place Ma

Occupation name Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband none

Father's Name Frank Simms Father's Birthplace Md

Mother's Maiden Name Ida Frye Mother's Birthplace Md

Name of person giving Information Frank Simms How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Still Born How long

Immediate How long

Are the name, age, sex, color, date and place correctly given above ? Signature of Physician J. A. M. Coroner

Address Cumberland

Accident or Suicide no doctor Ma



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Harriet Smith* Town *Cumberland* County *Allegheny* MARYLAND
 Died at
 Date of death 190 8 Month 12 Day 18 Age 84 Years Months Days

Sex *Female* Color or Race *Colored* Birth place *Frederick*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Henry Smith*

Father's Name *Henry Trimble* Father's Birthplace *Frederick*

Mother's Maiden Name *Margie Blue* Mother's Birthplace *Cumberland Md*

Name of person giving Information *Lothie Small* How related to deceased *Daughter in law*

CAUSES OF DEATH

Primary *Old age* How long *84 yrs*

Immediate *Bright's disease* How long *3 mos.*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Alexander Stafford
Town *Lonsanning* County *Hall* MARYLAND

Died at *Lonsanning*

Date of death 1908 Dec 17 Age 66 Months — Days —

Sex *Male* Color or Race *White* Birth-place *Scotland*

Occupation *Master* Where Residing if not at place of death

Married, Single ☒ Married Name of Wife or ~~Widowed~~ *Margaret McKeen*

Father's Name *Alexander Stafford* Father's Birthplace *Scotland*

Mother's Maiden Name *Sizzie Whymore* Mother's Birthplace *Scotland*

Name of person giving Information *Mary Stafford* How related to deceased *Daughter*

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

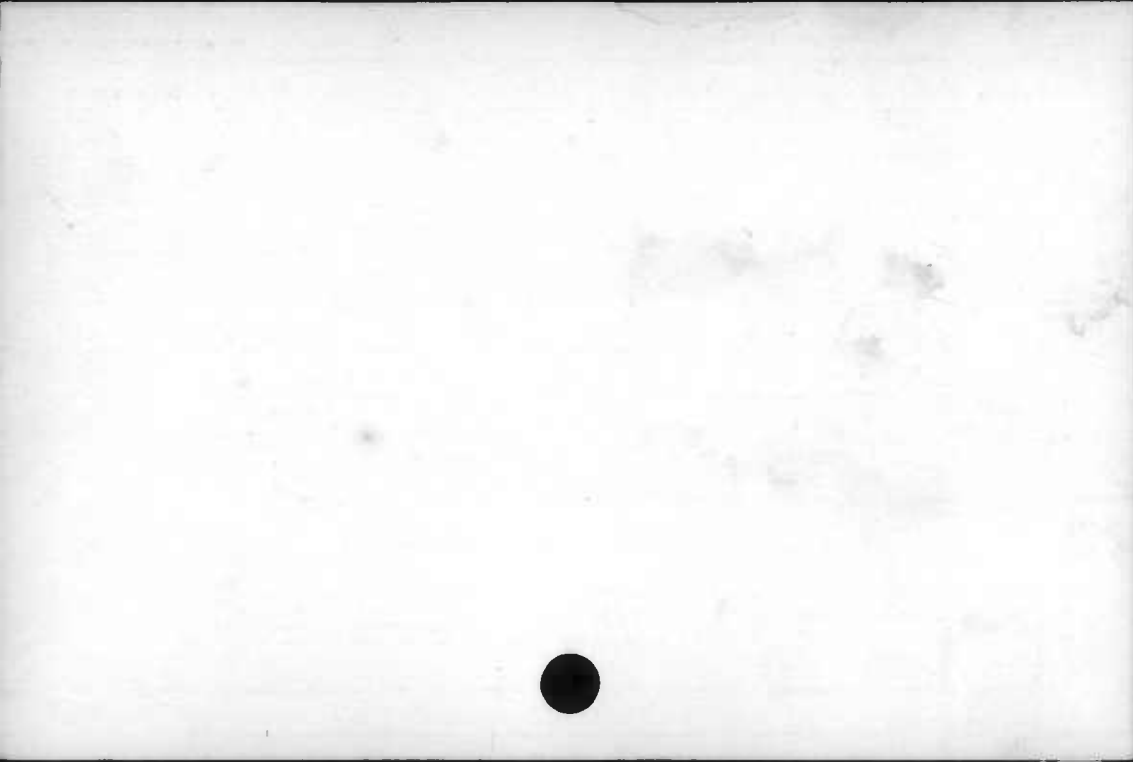
Primary *Acute Pneumonia (doubt)* How long *1 or 2 days*

Immediate *Cardiac failure* How long *48 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *A. B. Killen* Address *Lonsanning*

Accident or Suicide *No*



Name
in
Full

Elizabeth Stevenson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Lonaconing TownAllegheny CountyDate of death 1908 Dec 28Age 6 no yearsMonths 4Days 4Sex FemaleColor or Race WhiteBirth-place Lonaconing

Occupation _____

Where Residing if not
at place of death _____Married, Single
or Widowed SingleName of Wife or
Husband _____Father's Name Alexander StevensonFather's Birthplace LonaconingMother's Maiden Name Mary Plaskett

Mother's Birthplace _____

Name of person giving
In formation Mrs. Francis StevensonHow related
to deceased Grand-mother

CAUSES OF DEATH

92

Primary

Bronchitis - Pneumonia

How long

Immediate

6 daysAre the name, age, sex, color, date
and place correctly given above? YesSignature of Physician Henry M. BodisonAddress Lonaconing, IndAccident or Suicide? No.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

George Thomas

Town *Co., Home* County *Allegany* MARYLAND

Died at *Co., Home*

Date of death 190 *8* Month *Dec* Day *18* Age *27* Years Months Days

Sex *Male* Color or Race *Black* Birth-place *N. C.*

Occupation *Laborer* Where Residing if not at place of death *—*

Married, Single or Widowed *Unknown* Name of Wife or Husband *Unknown*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving Information *Victor Wilson* How related to deceased *None*

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary *Apoplexy* How long *—*

Immediate *Exhaustion* How long *For*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *M. F. Dering*

Address *Camden, N. J.*

Accident or Suicide *—*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Amiee Uhl* Town *Cumberland* County *Allegheny* MARYLAND

Died at *Cumberland* Date of death 190*8* Month *12* Day *4* Age *17* Years Months Days

Sex *Female* Color or Race *White* Birth-place *W. Savage*

Occupation *W. Savage* Where Residing if not at place of death *W. Savage*

Married, Single or Widowed *Single* Name of Wife or Husband *Albert Uhl*

Father's Name *Albert Uhl* Father's Birthplace *W. Savage*

Mother's Maiden Name *Aunie Geary* Mother's Birthplace *" "*

Name of person giving Information *Albert Uhl* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Pneumonia* How long *5 days*

Immediate *Appendicitis, Int. Obstruction* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *A. H. Hawkins*

Mr. Savage Address *Cumberland*

93

MSD

Haw Luis

Name
in
Full

CERTIFICATE OF DEATH

Howard Bunker McDonald

Town

County

MARYLAND

Died at

Date

of death 190

Month

Day

Age

Years

Months

Days

Sex

Color or
Race

Birth-
place

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
In formation

How related
to deceased

CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide?

120

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Hafer

Alleg. Coon.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

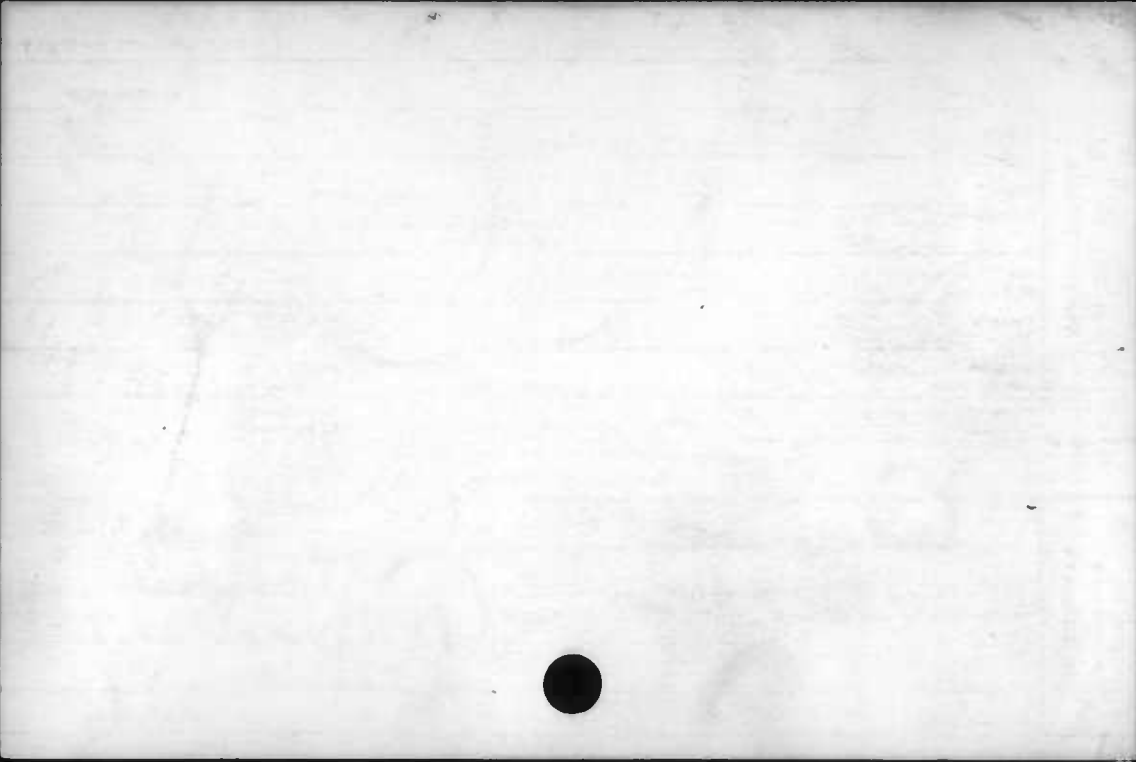
Name in Full Herbert Washington		Town Cumt-d		County Alleghany		MARYLAND	
Died at Cumt-d		Month Dec		Day 24		Age 23	
Date of death 1908		Month Dec		Day 24		Age 23	
Sex Male		Color or Race White Col.		Birth-place Pan Pan W. Va		Where Reaiding if not at place of death -	
Occupation Laborer		Married, Single or Widowed Single		Name of Wife or Husband none		Father's Birthplace Va	
Father's Name C. W. Washington		Mother's Maiden Name Emily Spence		Mother's Birthplace Md.		How related to deceased Father	
Name of person giving Information C. W. Washington							

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Pulmonary T. B.		How long 2 yrs	
Immediate Exhaustion		How long -	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician A. D. Frank	
Accident or Suicide Stein		Address Cumt-d Franklin, Md.	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Harvey E. Weber

Town *Cumberland* County *Alleg.* MARYLAND

Died at *Cumberland* *Alleg.*

Date of death 1908 *Dec.* Month *30* Day *28* Age *28* Years *—* Months *—* Days

Sex *Male* Color or Race *White* Birth-place *Cumberland*

Occupation *Salesman* Where Residing if not at place of death

Married, Single or Widowed *Married.* Name of Wife or Husband *Eleanor Weber*

Father's Name *Lewis Weber* Father's Birthplace *Ma*

Mother's Maiden Name *Sarah J. Emms.* Mother's Birthplace *Pa.*

Name of person giving Information *Eleanor Weber* How related to deceased *Wife*

CAUSES OF DEATH

78

PHYSICIAN
OR CORONER

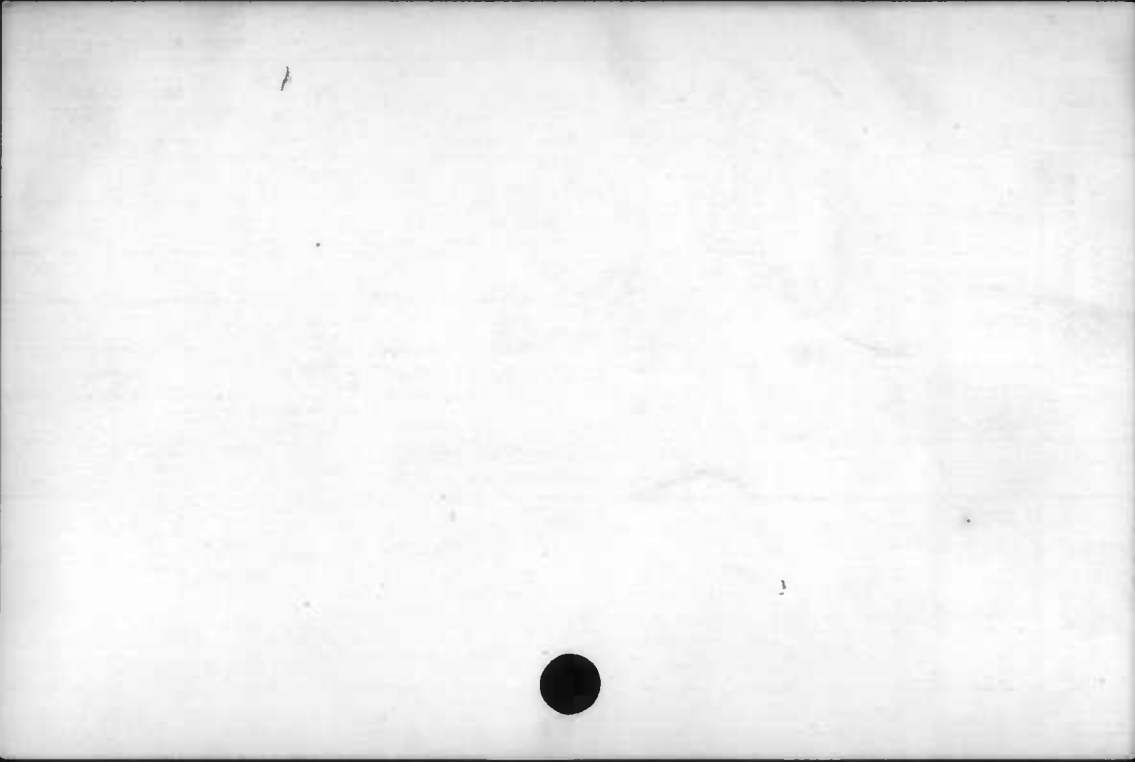
Primary *Endocarditis* How long *3 months*

Immediate *Syncope* How long *Immediate*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *H. Borace* Address *Cum...*

Stein Accident or Suicide



Name
in
Full

Louisa Mills

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at County Home Allegany MARYLAND
 Date of death 1908 Dec 21 Age 66 Months Days
 Sex Female Color or Race Black Birth-place W
 Occupation Housekeeper Where Residing if not at place of death —
 Married, Single or Widowed Widow Name of Wife or Husband Geo Mills
 Father's Name Do not know Father's Birthplace Do not know
 Mother's Maiden Name Louisa Mills Mother's Birthplace Do not know
 Name of person giving Information Peter Wilson How related to deceased None

CAUSES OF DEATH

Primary Acute Pneumonia 93 How long 1 day
 Immediate Exhaustion How long 24 hrs
 Are the name, age, sex, color, data and place correctly given above? Yes
 Signature of Physician Dr. F. A. W. 99,
 Address Cumberland,
MD,
 Accident or Suicide —

PHYSICIAN
OR CORONER



Name

in
Full

Eliza Catherine Williams

CERTIFICATE OF DEATH

Died at *Frostburg* Town

County

MARYLAND

Date
of death 1900

Month

Day

Years

Months

Days

Age

Sex

Color or
RaceBirth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of ~~husband~~
husbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

93

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Hafen.

Allg. Gem.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Alice Wright* Town *Cumtuta* County *Allegh* MARYLAND
Died at *Cumtuta*
Date of death 1908 Month *Dec* Day *10* Age *22* Years Months *—* Days *—*
Sex *Female* Color or Race *White* Birth-place *Ind*
Occupation *Servant* Where Residing if not at place of death *Asylum*
Married, Single or Widowed *Married* Name of Wife or Husband *Ed Wright*
Father's Name *Geo O Stubbins* Father's Birthplace *dont know*
Mother's Maiden Name *dont know* Mother's Birthplace *" "*
Name of person giving Information *Jennie Goff* How related to deceased *none*

CAUSES OF DEATH

(64)

PHYSICIAN
OR CORONER

Primary *Apoplexy* How long *Suddenly*
Immediate *—* How long *—*
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *H. F. T. T. T.*
Address *Cumtuta, Ind.*
Accident or Suicide *es*

